

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF

☐ Amended

**Notice to State Election
Board**

Case No. _____

Date of Birth _____

TO: STATE ELECTIONS BOARD
Attn: Statewide Voter Registration Service
P. O. Box 2973
Madison, Wisconsin 53701-2973

This is to notify you that a circuit court declared on (date) _____ that:

Party/full name:
Party/primary address:
Party/second address:
Party/city Party/State Party/zip:
Date of birth:

- ☐ is not competent to exercise the right to register to vote or to vote in an election.
- ☐ has been restored the right to register to vote and to vote in an election.

Signature of Register in Probate

Name Printed or Typed

Street Address

City, State, Zip

Date

Telephone Number

Name of Attorney

Address

Telephone Number

Bar Number